

Arizona Department of Water Resources Information Management Unit P.O. Box 458 • Phoenix, Arizona 85001-0458 (602) 771-8627 • (800) 352-8488 www.azwater.gov

Project Completion Report for Mineral Exploration Drilling

Review instructions prior to completing form in black or blue ink.

*	This report should be prepared by the well owner or exploration firm in detail and filed with
	the Department within 30 days following completion of the project as a whole.

FILE NUMBER
WELL REGISTRATION NUMBER
55 -

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** PLEASE PRINT CLEARLY ** SECTION 1. LOCATION OF WELL																							
SECTIO	WELL COLUMN DEDECO																						
											WELL LOCATION ADDRESS (IF ANY)												
									TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE														
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SECTIO	N 2.	IWO	NER	INF	OR	МАТ	ION			SECTION 3. DRILLING AUTHORIZATION													
Well Ow		• • • • • • • • • • • • • • • • • • • •								Drilling Firm													
		OMPAN	NY, OI	RGAN	R INDIVIDUAI	L	NAME		•••														
MAILING AD	DRES	S							DWR LICENSE NUMBER														
CITY / STAT	E / ZIP	CODE								TELEPHO	ΞR			'	FAX								
CONTACT	PERSO	ΝΝΑΝ	1Ε ΔΝ	D TIT	l F																		
CONTACT PERSON NAME AND TITLE																							
TELEPHON	E NUM	BER				FAX																	
					1																		
SECTIO																							
DATE DRILL	ING P	ROJEC	CT ST	ARTE	D			DATE	DRILLING PF	ROJECT CON	MPLE	TED					NUME	BER (OF H	OLES			
Casing (i	f insta	lled)							Geologi	c Lo	og o	f We	ell										
OUTED					М	ATER	IAL (T)			CHECK ON													
OUTER DIAMETER	긥	PVC	S		IF OTHER TYPE,					Unconsolidated Formation													
(inches)	STEEL		ABS	DESCRIBE						Consolidated Formation:													
									STATIC WATER LEVEL (IF ENCOUNTERED OR DETECTED)														
										Feet Below Land Surface													
SECTIO							ANDONMI	ENT D	ESIGN (i	abandon	ed)												
	Casi	ing T	rea				icable)			Sealing or Fill Material													
DEPTH		l		TREATMENT TYPE (FROM			MA	MATERIAL TYPE				IDC		4			
SURFACE				ЭE		J. (s)	IF OTHER T		SURI	ACE				TE	ш	BEN	I SOL				,		
			 -	SCRAPE	胆	MOVAL emarks)	OR	BE			Ä	ш	Z	ONI	Ë			PELLETS		MIXING RATIO by (check one) Weight Volume	VOLUME OF MATERIAL USED (cubic feet)		
	TO (feet)		≺ JET	SC	MILLS KNIFE	CASING REM(explain in Rem	IF CASING	CASING WAS ERFORATED, DESCRIBE CING AND SIZE	FROM (feet)	TO (feet)	NEAT CEMENT	RETE	E E	ENT	SAND-BENTONITE GROUT	GROUT	CHIPS		SAND				
FROM			SONAR	BRUSH OR								CONCRE	9.00 9.00 9.00	IT-BI GRC									
(feet)			SO				SPACING AN					55	SAN	MEN (
				BR		S ê	OF PERFORATHAT WERE							S									
DEMADUS.																							
REMARKS																							
I state the	at thic	reno	rt is t	filed	in co	mnli	ance with A	AC. R	12-15-817	(C) and is	com	nlet	e and	d cor	rect	to th	e he	st o	f my	knowleda	e and		
belief.		ισρυ	. 13 1	iiGU I	00	πιρικ	anoo wiiii A		.2 10-017	o, and is	JUIT	PIGE	o and	, 001	, 001	.o ui	o ne	Ji U	iiiy	MIOWIEUG	Junu		
TYPE OR P	RINT N	IAME A	AND T	ITLE						SIGNATUR	E OF	WEL	L OWI	NER (OR EX	(PLO	RATIO	ON FI	RM		DATE		
DWR 55-57 (REVISED 02/06/06) Page 1 of 1																							